

Application for Certified Third Party Elevator Inspectors

Name of Applicant:		Comp	Company Name:	
Address:				
Telephone Number:		Q.E.I.	Q.E.I. Certification Number:	
Email:		Q.E.I.	. Expiration Date:	
Description of Appli	cants Education (Trai	ining and Worksho	p): Please attach copies of training certification	
Copy of Q.E.Copy of DHC	ificate of Liability Ins	inia State Certified plicable) or State /N	• •	
inspection agency, including but not lir	or employed by the in	nsurer of the elevantherwise to any co	or consultant, or an employee of an independent tor unit. I certify that I have no business relationship ompany that provides elevator services including ivities in the State of Virginia.	
Signature:			Date:	
	•	-	g and request to perform certification inspections as a Statewide Building Code.	
Signature:			Date:	
Office Use Only	Approved	Rejected	Date:	
Comments:				
Building Code Official: Phillip Williams Signature:				